EXHUBIT A

PTO/SE/17 (12-04)
Approved for use through 07/51/2008. OMB 0851-0032
U.S. Patent and Tradyment Office; U.S. DEPARTMENT OF COMMERCE
Under the Parament Restation Act of 1885, no negative are required to restated to a milection of decreasing the limits in which is a milection of decreasing the limits of the limits are will of the comment of the limits o Complete If Known <u>Decined</u> Effective on 12/08/2004. Fees pursitent to the Consolidated Appropriations Act. 2005 (H.R. 4818). CEVIER VI CENTER 09/465,630 Application Number transmittal 12/16/1989 Filing Date For FY 2005 Nosekhere D. Omolgul First Named Inventor 2005 ALMARI ROMERO YUAN Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Arl Unit 2176 (\$) 220.00TOTAL AMOUNT OF PAYMENT Attorney Docket No. MS1 -382US METHOD OF PAYMENT (check all that apply) Check Credit Card L Other (please identify): Money Order None Liea & Hayes, PLLC 12-0769 Deposit Account Daposit Account Number Decosit Account Name: For the above-Identified deposit account, the Director is hereby sutherized to: (check all that apply) Charge fee(s) Indicated balow Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17
WARNING: Information on this form may become public, Credit cord information enough post to included on this form. Provide credit cord information and authorization on PTO-2038. FEE CALCULATION 1. Basic filing, Search, and Examination Fees **EXAMINATION FEES** FILING FEES **SEARCH FEES** Small Entity Small Entity <u> Small Entity</u> Fae (\$) Fees Paid (S) Application Type Fcc (\$) [Sep.(8)] <u> Fea (\$)</u> Eas (3) 200 100 Utility 300 500 250 150 200 100 100 130 65 Design 50 160 80 200 100 30D 150 Plant 150 600 300 300 500 250 Reissue 200 0 Provisional 100 2. EXCESS CLAIM FEES Small Entity Fep (\$1 Eeq.(5) Fee Dozentation Bach claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Extra Claims 2 Multiple Dependent Chims Total Claims Fee (8) Foo Pald (\$) 100,00 Fee_(8) Feet Paid (\$) - 20 or HP = 50 MP = highest number of total claims paid for, if groster than 20 Fee (8) <u>Indep. Člaims</u> Extra Claims <u> Peo Paid (\$)</u> - 3 er MP = 200 KP = highest number of independent claims paid for, if greater than 3 S. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(s)(1)(G) and 37 CFR 1.16(s). Number of pach additional 50 or fraction thereof <u> Total Sheets</u> Extra Sheets Fee (8) Fee Paid (8) (round up to a whole number) - 10D a 160 = Fees Poid (8) Non-English Specification, \$130 fee (no small entity discount) Other: Extension for response within first month 120.00 SUBMITTED BY Registration No. Telephone (208) 315-4001 Signature maso (Attornay/Agont) Name (Print/Type) Lawrence E. Lycke

This collection of information is required by \$7 CFR 1.136. The information is required to obtain or retain a benefit by the public which is the flat (and by the USPTO to process) an application. Confidentially is governed by \$5 U.S.C. 122 and \$7 CFR 1.14. This collection is estimated to take \$0 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commontation the complete to complete this form analyse suggestates for noticing this burden, should be sent to the Critic Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandrie, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandrie, VA 22313-1450.

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PTC/SB/Z2 (12-04)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	RECI
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		MS1 -362US	GENTRAL F
oplication Number 09/465,530		Filed 12/16/1999	JOE I
or Searching and Recording Media Streams			
rt Unit 2176	•	Examiner ALMARI RO	MERO YUAN
his is a request under the provisions of 37 CFR 1.15 oplication.			
The requested extension and fee are as follows (chec	ck time period desired		fee below):
	<u>Fee</u>	Small Entity Fee	e 120.00
One month (37 CFR 1.17(a)(1))	\$120	\$60	Φ
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR	t 1.27.		
A check in the amount of the fee is enclosed			
Payment by credit card. Form PTO-2038 is			
The Director has already been authorized to	charge fees in this	application to a Deposit	Account
The Director is hereby authorized to charge Deposit Account Number 12-0769	any fees which may	be required, or credit a e enclosed a duplicate	ny overpayment, to copy of this sheet.
WARNING: Information on this form may become a Provide credit card information and authorization of	oublic. Credit card Infon on PTO-2038.	nation should not be includ	led on this form.
I am the applicant/inventor.			,
assignee of record of the enti- Statement under 37 CFR	re interest. See 37 (3.73(b) is enclosed (FR 3.71. Form PTO/SB/96).	
attorney or agent of record. R			_
attorney or agent under 37 C	FR 1.34. ter 37 CFR 1.34	38540	
Heren & Vi	-	1/27	105
Signature			ate
Lawrence E. Lycke		206-31	5-4001
		Telephon	e Number
Typed or printed name			
NOTE: Signatures of all the inventors of easignees of record of the	entire interest or their represe	turshands) and tachnings community	uilipia foirma if mora then one
NOTE: Bignatures of all the inventors or assignees of racord of the signature is required, see below.	entire interest or their represe are sultimitted.	utistiAstis) and uticini are combine un	uilipia foirna if mora then one

If you need acsistance in compisting the form, cell 1-800-PTO-9189 and select option 2.

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